

1:07 CIV 6930

## RETURN OF SERVICE

*Supplemental Amended*

Service of the Summons and Complaint was made by me:

Date August 15 2007Name of Server John StevensTitle Investigator

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:☒ Other (specify):Samantha Rawlins MD c/o Bronx Lebanon Hospital Center; Risk Management Annie Garcia 1650 Grand Concourse BX NY 10456  
Copy also mailed to above address

## STATEMENT OF SERVICE FEES

\$5

TRAVEL

\$30

SERVICES

\$35

TOTAL

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on August 15 2007August 15 2007

Date

Signature of Server

John Stevens

Printed Name of Server

Address of Server

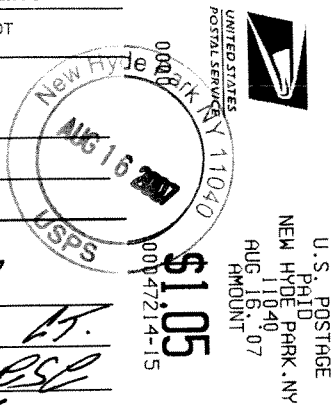
61 AUGUSTA ST NYP NY 10040

ALLISON TUCH  
Notary Public, State of New York  
No. 30-4682413  
Qualified in Nassau County  
Commission Expires April 30, 2010

<sup>1</sup> As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. POSTAL SERVICE		CERTIFICATE OF MAILING	
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE-POSTMASTER			
Received From:		61 Nugent Street New Hyde Park, N.Y. 11040	
One piece of ordinary mail addressed to: <i>SAMANTHA LAWLINS MD</i> <i>c/o BROOK LEBANON HOSP LT.</i> <i>1650 BROADWAY COURSE</i> <i>BOX NY 10456</i>			

PS Form 3817, January 2001



RETURN OF SERVICE

*Supplemental Amended*

Service of the Summons and Complaint was made by me<sup>1</sup>

Date AUGUST 15 2007

John STEVENS  
Name of Server

INVESTIGATOR  
Title

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:

☒ Other (specify):

MISHA ARUNA MD c/o Bronx Lebanon Hospital Center: Risk Management ANNIE GARCIA - 1650 GRAND CONVENT RD NY 10456  
COPY ALSO MAILED TO ABOVE ADDRESS

STATEMENT OF SERVICE FEES

\$5  
TRAVEL

30  
SERVICES

\$35  
TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on AUGUST 15 2007

AUGUST 15 2007  
Date

John STEVENS  
Signature of Server

61 AUGUST ST NHP NY 10456  
Printed Name of Server

Address of Server

ALLISON TUCH  
Notary Public, State of New York  
No. 30-4682413  
Qualified in Nassau County  
Commission Expires April 30, 2012

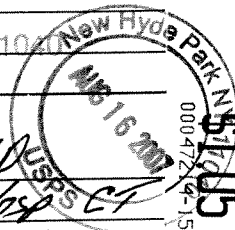
<sup>1</sup>As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. POSTAL SERVICE		CERTIFICATE OF MAILING	
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE-POSTMASTER			
Received From:			
JAMES PORT ASSOCIATES			
81 Nuptant Court			
New Hyde Park, N.Y. 11040			
One piece of ordinary mail addressed to:			
NISHIA ARUNA MD			
C/O Bronx Lebanon Hosp			
1650 Grand Concourse			
BX NY 10456			

PS Form 3817, January 2001

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UNITED STATES  
POSTAL SERVICE



U.S. POSTAGE  
PAID  
NEW HYDE PARK, NY  
11040  
AUG 16, 07  
AMOUNT

0004724-15  
\$1.05

## RETURN OF SERVICE

1:07 CIV 6930

*Supplemental Amended*

Service of the Summons and Complaint was made by me:

Date August 15 2007Name of Server John StevensTitle Investigator

Check one box below to indicate appropriate method of service

☒ Served personally upon the defendant. Place where served:Bronx Lebanon Hospital Center 1650 Grand Concourse Bx NY 10456☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:☐ Other (specify):Risk Management Annie Garcia

## STATEMENT OF SERVICE FEES

\$5  
TRAVEL\$30  
SERVICES\$35  
TOTAL

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on August 15 2007August 15 2007  
Date

Signature of Server

Printed Name of Server

Address of Server

John Stevens  
61 AUGUST ST NEW YORK NY 10440

ALLISON TUCH  
 Notary Public, State of New York  
 No. 30-4682413  
 Qualified In Nassau County  
 Commission Expires April 30, 20 10

<sup>1</sup> As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure .

1:07 CIV 6930

## RETURN OF SERVICE

*Supplemental Amended*Service of the Summons and Complaint was made by me<sup>1</sup>Date August 15 2007Name of Server John StevensTitle Investigator

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:☒ Other (specify):TAPT. PANDA MD c/o BRONX Lebanon Hospital Center: Risk Management Anne Garcia  
1650 GRAND CONDUCE BX NY 10456  
Copy also mailed to above address

## STATEMENT OF SERVICE FEES

\$530\$35

TRAVEL

SERVICES

TOTAL

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on August 15 2007August 15 2007

Date

Signature of Server

Printed Name of Server

Address of Server

ALLISON TUCH  
Notary Public, State of New York  
No. 30-4682413  
Qualified in Nassau County  
Commission Expires April 30, 2010

<sup>1</sup> As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. POSTAL SERVICE	<b>CERTIFICATE OF MAILING</b>
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE-POSTMASTER	
Received From: <i>ASSISTANT PORT ACCOUNTS</i> 61 Mycent Street New Hyde Park, N.Y. 11040	
One piece of ordinary mail addressed to: <i>TAPT, PANDA MD</i> <i>c/o Quinn Libanon Hox CT</i> <i>1050 GRAND CONDOURSE</i> <i>BX NY 10456</i>	

PS Form 3817, January 2001

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U.S. POSTAGE  
PAID  
NEW HYDE PARK, NY  
11040  
AUG 16 07  
AMOUNT

New Hyde Park NY 11040  
AUG 16 2007  
USPS

1.05



1:07 CIV 6930

## RETURN OF SERVICE

*Supplemental Amended*

Service of the Summons and Complaint was made by me:

Date August 15 2007John Stevens

Name of Server

INVESTIGATOR

Title

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:☒ Other (specify):George Pando MD c/o Bronx Lebanon Hospital Center. Risk Management Annie  
GARCIA 1450 Grand Concourse BX NY 10456  
Copy mailed to above address

## STATEMENT OF SERVICE FEES

\$5

TRAVEL

30

SERVICES

\$35

TOTAL

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on August 15 2007August 15 2007

Date

Signature of Server

John Stevens

Printed Name of Server

Address of Server

61 AUGUST ST NYP NY 10440

ALLISON TUCH  
Notary Public, State of New York  
No. 30-4682413  
Qualified in Nassau County  
Commission Expires April 30, 2012

<sup>1</sup> As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

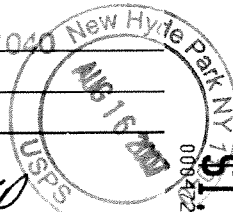


U.S. POSTAL SERVICE	CERTIFICATE OF MAILING
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE-POSTMASTER	
Received From: <u>61 Nupent Street</u> <u>New Hyde Park, N.Y. 11040</u>	
One piece of ordinary mail addressed to: <u>Jorge Pando MD</u> <u>c/o Bronx Lebanon Hosp Center</u> <u>1650 Grand Concourse</u> <u>BX NY 10456</u>	

PS Form 3817, January 2001

0000

UNITED STATES  
POSTAL SERVICE



00042214-15  
\$1.05

U.S. POSTAGE  
PAID  
NEW HYDE PARK, NY  
11040  
AUG 16, 07  
AMOUNT

07 CIV 6930

## RETURN OF SERVICE

Service of the Summons and Complaint was made by me:

Date August 20 2007Name of Server John STEVENSTitle INVESTIGATOR

Check one box below to indicate appropriate method of service

☒ Served personally upon the defendant. Place where served:86 CHAMBERS ST NY NY (US ARMY Southern Dist NY)☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:☐ Other (specify):\* Process Clerk Calvin Coleman

## STATEMENT OF SERVICE FEES

\$10

TRAVEL

\$40

SERVICES

\$50

TOTAL

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on August 20 2007August 20 2007

Date

Signature of Server

Printed Name of Server

61 AUGUST ST NHP NY 11040

Address of Server

ALLISON LUGH  
Notary Public, State of New York  
No. 30-4682413  
Qualified in Nassau County  
Commission Expires April 30, 2010

<sup>1</sup>As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

*Supplemental Amended*

Service of the Summons and Complaint was made by me

Date August 20 2007

Name of Server John STEVENS

Title INVESTIGATOR

Check one box below to indicate appropriate method of service

☒ Served personally upon the defendant. Place where served:

86 CHAMBERS ST NY NY (U.S. ATT Southern DIST NY)

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:

☐ Other (specify):

\* PROCESS CLERK CALVIN COLEMAN

STATEMENT OF SERVICE FEES

\$5  
TRAVEL

\$30  
SERVICES

\$35  
TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on August 20 2007

August 20 2007  
Date

John STEVENS  
Signature of Server

Printed Name of Server

61 AUGATT ST NHP NY 11940  
Address of Server

ALLISON TUCH  
Notary Public, State of New York  
No. 30-4682413  
Qualified in Nassau County  
Commission Expires April 30, 20 10

<sup>1</sup> As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.